

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035781

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128
Filed SEP 30 1963

Primary Registration District No. 2000

Registrar's No. 1297

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Springfield

Length of stay in lb

7 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Johns Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Stone

Inside Limits

Yes ☐ No ☒

c. CITY
OR
TOWN

Cape Fair

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Gordon

Middle

H

Last

Mann

4. DATE
OF
DEATH

Month

September

Day

22

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

3/7/09

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Resort Owner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Springfield, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Walter E. Mann

13b. MOTHER'S MAIDEN NAME

Ann Dooly

14. NAME OF HUSBAND OR WIFE

Martha Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes; no, or unknown)

No

(If yes, give war or dates of service)

17. INFORMANT

Address

Mrs Martha Mann, Cape Fair, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thrombosis Coronary Artery

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 15, 1963

to Sept 22, 1963

and last saw him alive on 9-21-63

Death occurred at

4 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. P. Maddux M.D.

22b. ADDRESS

Springfield, Mo

22c. DATE SIGNED

9/24/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9/25/63

23c. NAME OF CEMETERY OR CREMATORY

Greenlawn

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Manlove Funeral Home, Crane, Mo

25. DATE RECD. BY LOCAL REG.

9-25-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

JAN 22 1964

9-22-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signec

Licensed Embalmer No. 3827

P. O. Address Creme road

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.